SA

### MARYLAND STATE DEPARTMENT OF HEALTH

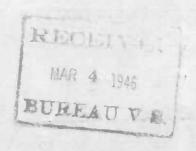
2411 N. Charles St., Baltimore 131-2

02939

### CERTIFICATE OF DEATH

261 Reg. Dint. No. .....

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City of lown  (If outside eity or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary a. & Blauchamb	I One
4. Sex 5. Color or racy 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH MALE 2 19.44 24 M
8, (b) Name of husband or with the state of	21, I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of	and that I last saw h. Av alive on 220 al
deceased (mo., day, yr.) (Multi-	Immediate cause of death
86 10 21hrsmin.	4 augs
9. Birthplace Manual (Jown, county, and state)	Due to first & A.J.
1B. Usual occupation.	Due allinio Dut wyreto
11. Industry or business # Wy # Tome	access regardeting
12. Name famus danger	Dther conditions
14. Maiden name. Marke C. Source	(Include pregnancy within 3 months of death)
15. Birthplace & maryland	Major findings of operations.
I de los de Maria la constanción	Bate of op.
Address Military MO Dunal FF	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17 Bundl Bate thereof March 4/4/2	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(But in l, eremation, or removal. Which?)  Cemetery or crematory ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Where did injury occur?
Location Hocomunica States mg	Injured at home, farm, Industry, public place (where?)
Mars Decin	Means of Injury Injured at work?
16. Funeral director Additional director addit	0 .00
Address Follows Little 1114	23. SIGNATURE Serife & Creelling W. D. or other
19. (Date/rec'd by registrar) Registrar	



If are. Readly state etc

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### MARYLAND STATE DEPARTMENT OF HEALTH

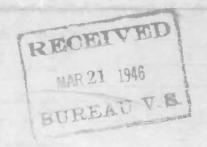
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

02940

Pag Dist No. 960

1. PLACE OF DEATH:	(For newborn infants give residence of mother)		
CountySomerset			
City or town	StateMdCounty Somerset		
How long in above place of death?	City or town		
Eden Rural I	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	MEDICAL CERTIFICATION		
Male Colored Widowed	2D. DATE DF DEATH March 7 1946 at IO A. M		
B.(b) Name of husband or wife Eleaner Black  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from  19. 4 4 10. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
8. AGE: Yeara   Months Days Olf less than one day	Illimetrine Canse of death		
70 4 8hrsmin.	and the same of th		
9. BirthplaceSomersetCoMd	Due to Berar Branches		
1D. Usuat occupation Farmer	Due to		
11. Industry or businesa			
12. Name John Black Somerset Co. Md	Dther conditions		
X 13. Birthplace Somerset Co. Md			
14. Maiden name Julia Black  15. Birthplace Somerset Co. Md	(Include pregnancy within 3 months of death)		
Tr. mary il ilaino.	Major findings of operations		
El 15. Birthplace Somerset Co. Md	Date of op		
16. InformantMr.sAgnesJackson	Actopsy resolts		
Addres 309 Eye St. S.W. Washington, D.C.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Bural (Burlal, cremation, or removal. Which?)  Date thereof. 3/IO/46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
	Injured at home, farm, industry, public place (where?)		
Location Eden Md	Maans of injury Injured at work?		
18. Funeral director	an a ref a		
Addresa Salisbury, Md / /	23. SIGNATURE OTHERS 03. WHILEELE M. Q.		
19 March 10 19 16 A, 3 Johnson M. Registrar	Address C. S. Alle C.		
Ter gid.			



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2411 N. Charles St., Baltimore (83)

A.			1	-	_
Reg.	Dist.	No.	1	0	7

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Virginia County Accomac
City or town	Tongier
How tong in above place of death? 5 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How tong to hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANDREW THOMAS CROCKETT	231-18-1632
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH / March 3/ 19 4 6 at A M
G.(b) Name of husband or wife	21. Lecar IFY that death occurred on the date above stated; that I attended laceased from
	12000 Was made
7. Birth date of June 15 1886	and that I last south the hand the hand that I last south the hand
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   tt less than one day	Immediate can of death
59 9 16mia.	
Tangier, Virginia	Are deutel
9. Birthplace(Town county and state)	Due to
9. Birthplace (Town, county, and state) Waterman	affrague L
Seefood	Due to
11. Industry or business  12. Name Andrew L. Crockett	
12. Name	Other conditions William H. Cottlbourne W. D.
13. Sirthplace Tangier, Virginia	William n. Coulbourn, M. D.
Triffie Evans	(Include pregnanc DEPUT Path MEDICAL EXAMINER
Tangier, Virginia	Major findings of operations. FOR SO RERSET COUNTY, MD.  Date of op.
Peter Crockett	Antoney results Mane
Address Tangier, Virginia	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Rurial unril 5 1046	22. VIOLENCE: If heath was due to external causes, fill in the following; 3131/46
Date thereof (day) (year)	(Accident) suicide, a bomicide
Cemetery or crematory Tangier Cemetery	Where did injury obe Asset all Sum Wa
Tangier, Virginia	(City of town) (County) (State)
LOUBLIGH	
18. Funeral director. H. Harvey Bradshaw	Means of Hurry Injured at work?
Address Crisfield, Maryland	- Mandeline
3/2/166 la & Colling mi	23. JIGNATURY M.A. or other
19. (Date rea'd by recristrar)	Add Coscell W Bate stery 2/4/

APR 5 1946
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Evidence for change of age MAR	YLAND STATE DEPARTMENT OF HEALTH
	2411 N. Charles St., Daitimore 7.7
FILM No. TO 1 APR 11 1946	CERTIFICATE OF DEATH

### CERTIFICATE OF DEATH APR 11 1946

02942 Reg. Dist. No. 265

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	state med county Somerate
City or town	
How long in above place of dealh?	City or town (1f outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2 md St
	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lovey V. Wize	3. (b) Social Security Number
4. Sex   5. Color or race   6.(α)Single, married, willowed, or divorced	MEDICAL CERTIFICATION
Lemale White marrie o	20, DATE DE DEATH March 19 19 14 6 21 4 P. M
A at an	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(0) Name of ilusualid of wife	19.46 , to March 19.19.46
7. Birth date of	and that I last saw h. L. allva on
deceased (mo., day, yr.) 15 1-8-80 1885	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Minis molantro 2 you
61 400 2 H hrsmin.	ile I de de la din
On 200 ma	Due to.
9. Birthplace (Town, county, and state)	,046 10.
10. Usual occupation	
	Pae 10
Tr. Hiddelif of Collection	Other conditions Versions had been 3 mg
E	Other conditions Comments of the state of th
	(Include pregnancy within 8 months of death),
E 14. Maiden name 3da locattestor	Major fiedings of operations
14. Maiden name 3da locuttenton	Date of op.
a mit	Autopsy results
10.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Unio field 800	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burlal, cremation, or removal. Which?)  Date thereot. 3, 7, 1 (month) Glay) (year)	Accident, suicide, or homicide
Cemetery or crematory. Survey Ridges	Where did Injury occur? (City or town) (County) (State)
Legation Crubel O Doo SI	tnjured al home, farm, industry, public place (where?)
(1,0,16,16,0)	Means of Injury Injured at work?
18. Funeral director. May band the Paris and	Δ Λ . Δ' .
Address 306 Mary St. Josepheld	23. SIGNATURE School In Payton M. H
10 3/22/46 10 68. Eallungh S	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

APR 5 1946
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290.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bia

02943

# Reg. Diat. No. 270

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Marion C	tation	State Md a County Somerset
		tation nits, write RURAL and give nearest town)	
How long in above place	of death?	years	City or town
Hospital, Institution, or	street address where t	leath occurred:	Street No.
***************************************			(If rural, give LOCATION)
How long in hospital or	r Institution?		2.(a) If veteran, name war
3. (a) FULL NAM			3. (b) Social Security Number
	Annie	R. Eckenrode	none
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	white	wid ow	20. DATE OF DEATH. Mar . 7, 1946 19 21 7. 303.
	Alhe	rt W. Eckenrode	21. DCERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband	or wife	+-W	
7 Right date of			and that I last saw here alive on Moh 5 1946
deceased (mo., day.)	June 2,	1873	Immediate cause of death.
8. AGE: Years		Bays If less than one day	
12	9	5hrsmln.	
Pe	enn.		Que to Chance Sut rugheles
9. Birthplace	(Town,	county, and state)	Cluse wenders less
10. Usual occupation	housewi	fe	Bue 10 Jenual Enter Salaron
11. Industry or busines	homo		Bue 10
		Stewart	9 Delle
H	P	ä.,	Other conditions
		Thentson	(Include pregnancy within 3 months of death)
		Ther (20th	Major findings of operations.
2 15. Birthplace	Pa.		
16. Informant	Effie	J. Dearholt	Aatopsy results
Address		Station Ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
-		,	22. VIOLENCE: tf death was due to external causes, till in the following;
17. BULT	, or removal. Which?)	Date thereof 3/10/46 (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or cremato	Amber	son	Where did injury occur?
Ar	mberson .	Franklin Co., Pa.	Injured at home, farm, Industry, public place (where?)
Location	Howard	H. Hubbard	Magns of Injury Injured at work?
Address	306 Main	St., Crisfield, Md.	1 de collegan Ment
3/2/11/ LE P. D. 2 12 D.		10 6 6 00 3 in A	M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar			Address Marin sto Ruf Date signe Mel 246
(5000000)10			Maria Annual Control of the Control

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bl-2

### CERTIFICATE OF DEATH

			21
Reg.	Diat.	No.	26

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infangs give residence of mother)
County 4	md d-
(If outside city or town limits, write RURAL and give nearest town)	State County D.
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Nospilal, Institution, or street address where death occurred:	
***************************************	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Molliam Hole	3.0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ma (of married	20. DATE DE DEATH M anch 19 19 46 21 9 15 P.
Tile 100	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21.1 CERTIFY THAT GEATH OCCUPYED ON the Gate above stated; that I attended deceased from 19.46.
7. Birth date of S. (c) If alive, give age years	
deceased (mo., day, yr.) Mag 28-18/5-	
8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death
70 11 11	Le Ingland ades
man and to be	Selectional Suffree De Son
9. Birthplace. (Town, county, and state)	Due to
10. Usual occupation Flas mine & Sea food Work	
	Due la lanco for reefection 2 years
11. Industry or business	Chamo mpandelis
12. Name Washington Jale	Diher conditions
13. Birthplace Mounte Somerse Com	(Include pregnancy within 3 months of death)
14. Maideo name Parasito Scopald	
15. Birthplace Moumoro Somewat Com	Major findings of operations
Hara seem la la	Date of op.
16. Informant 1 Carrows Tales	Actopsy results
Address Moscinisco Ma	
17 Curial Date thereof May 12 1946	22. VIOLENCE: If death was due to external causes, fill to the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory Cost rene 35	Where did injury occur?
Location marines by	Injured at home, farm, industry, public place (where?)
18. Funeral director. E. A. a.d. the liver a	Meaos of injury Injured at work?
Ct , I	1
Address marion du, ma.	22 CICHATHER Duren Quellemm ~
10 3/14 16 ma Mloan	M, D, or other
(Date rec'd by registrar) Registrar	Address Munn Sta Date signed Mach 13.46

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

U	12:	14	()		
Reg.	Dist.	No.	9	76	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or fown(If ortside city or town limits, write RURAL and give nearest town)	State County County
(It offished city or town minus, write RURAL and give nearest town)	City or town (If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If ontside fity or town limits, write RURAL and give nearest town)
weeping, menturing of sirect autitos where gests occurred.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert of Johnson	or (c) postar stearing realist
4. Sex 5. Color or race 6.42 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Cal Married	20. DATE DE DEATH March 28 19 \$6 11 9 P.
8.(6) Name of husband or wife Many O Achusus	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19 46, to ward 18 46
7. Birth date of deceased (mo., day, yr.) mag 18 18 76	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
70 1	coronery school sym
10 6hrsmin.	4
8. Birthplace. Editor (Town, county, and state)	Due to cutting schools
1D. Usual occupation	That bury
	Due fo
11. Industry or business Asla Clark	
# 12. Name Janes	Diher conditions
\$ 13. Birthplace Former of Smart Ca Mix	1
E PRITO 11 P	(Incinde pregnancy within 3 months of death)
E 14. Maiden oame Control Sty Street Beathully	Major findings of operations
\$ 15. Birthplace Farmount Domessal Co ma	Date of on.
16. Informant Mary & Johnson	
0 . 0 . 0	Autopsy results
Address Upper Hill Ma	
(Burial, cremation, or removal. Which?)  Date thereof	22, VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
Cemetery or crematory. Lack Cacol	Where dld injury occur? (City or town) (County) (State)
Location Uppea Hill prof	Injured at home, farm, industry, public place (where?)
18. Funeral director. At	Means of Injury Injured et work?
Address marion, Ind	23. SIGNATURE trank had us
10 4/1 10 to The form	M. D. or other
19. (Date rec'd by registrar)	Address Rate sloped Word 30

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (31-6)

### CERTIFICATE OF DEATH

02946 Reg. Dist. No. 260

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (g) FULL NAME	
sherman Johnson	3. (b) Social Security Number 2/5-/8-4379
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male al Single	20. DATE DE DEATH. MASSAG 24 19.46 21 1.18
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	March 2 3 18 4 C, to March 2418 4 C
7. Birth date of	and that I last saw h Malive on
deceased (mo., day, yr.) frelle 0-106	Immediate cause of death DURATION
8. AGE: Years Months Days Illess than one day	
7 /6hrsmla.	of office the
8. Birthplace Fragmand somes to by	A
9. Birthplace	Due 10
1D. Usual occupation.	
	Due to
11. industry or business	
12. Name	Diher conditions
2 13. Birthplace for the some of a mo	(Include prognancy within 3 months of death)
14. Maiden name Rockel Who to	
15. 8irthplace Calment co pul	Major findings of operations.
4) 13. Sirthplace California Comment	Date of op.
18. Informani Ti America Andrea	Autopsy results
Address Farment Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Barlal, cremation, or removal, Which?)  Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did lajury occur? (City or town) (County) (State)
Time + Mrs	Injured al home, farm, Industry, public place (where?)
Location	
18. Fueeral director	Means of Injury Injured at work?
Address Mas in mal	# 11/10 10
2 Pal 11 91/16 - mal	23. SIGNATURE M. D. or other
19. Date see'd by registrar)	Address Sauce add Bate signed 3/26/46



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 02947

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Z.			-	7	(3
00.	Dist.	No.	1	7	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	
City or town (If outside city or town littles, write RURAL and give nearest town)	State Mary land County Democrat
(If outside city or town limits, write RURAL and give nearest town)	City or town O Copyolacia
How long in above place of death?	City or town (If outside city or town funits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 12 F. LO
Mc Creaty Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Natio J. Jones	Wone
4. Sex   5. Color or race   6.(a) Single, married, tidoyed, or divorced	MEDICAL CERTIFICATION
H C C	50
semale White Single	20. DATE DE DEATH Man Chi 14 19 46 at 3 Man M
W_ 0	21. VCRRTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	(1)04 1 7544 2
7. Birth date of	and that I last saw Ana silve South
deceased (mo., day, yr.)  R ACE. Years   Months   Days   It less than one day	Immediate caose of the DURATION
8. AGE: Years Month Days It less than one day	300 NEgras / Suhu
8 8 6hrsmin.	tore theet thest
Am A Local	ald marin arm
9. Birthplace (Nown, county, and state)	Duo to.
10. Usual occupation Ut S. S. soc	
10. Usual occupation.	Due to.
11. Industry or business	Other condition  (Include p.Winney within 3 months Dischard EXAMINER  (Include p.Winney within 3 months Dischard EXAMINER
12. Hame Conest & Jones	Outbour See
0 (/2	wight II. EXAMINATION
1/2	(Include plannancy within 3 months at death)
14. Maiden name Nangaret OSterleng  15. Birthplace Curry (200, MD	DEPUTY TOSET COUNTY
15. Birthplace Crus was Ma	major hadings of operations.
	Other condition  (Include payminey within smooth Death)  Major findings of operations.  DEPUT SOMERSET COUNTY.  Date of op.
16. Informant Chuest & Jones	Variohe) tesare
Address lowell mo	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident suicide homicide
	Where did injury color selected servers the
Cemetery or crematory Xes Ses	(City or town) (County) State)
Location less seld the U	Mijered at home, tarm, industry, prolic piece (1969) Towod Torus
	too Carle turned at work?
18. Funeral director addressed of Samples &	
Address 306 main St. Credered m	D Mary Moulloury NI A
21 24 6 10	23. SIGNA URL
19. 7/15/46 19 00. 6 allumines	7 1: 11: 11 WA 3/1/74h
(Date rec'd by registrar) Registrar	AddressDate in Date

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3/15/18

2411 N. Charles St., Baltimore 1570

CERTIFICATE OF DEATH

112948

CERTITICATE	Reg. Diat. No.
County Somerset	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lowa	te Mc County America
(If outside city or town limits, write RURAL and give nearest town)	y or tewn
Strei	eet No. (If rural, give LOCATION)
	a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
homme bue hand	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Leure With Sunch	DATE OF DEATH Moundly 20 19 4 boi man
	I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(O) Name of husband or Wits	mail 24 19 4 10 mail 3/ 194
7. Birth date of and	f that I last saw h 2 alive on Manager 19 4
deceased (mo., day, yr.) ULE 25, 1945	mediate cause of death
8. AGE: Years Months Days If less than one day	Longon Fel Heart 5m
5   1hrsmin.	0
9. Birthplace love love and the Due	3 10
. (10wii, county, and state)	
10. Usual occupation	10
11. Industry or business  12. Harry Richard L. harry Richard R	
I L. name	er conditions
	(Include pregnancy within 3 months of death)
E	jor findings of operations
15. Birthplace Worsheater los Ind	Date of op.
	topsy results
PHY	YSICIAN: Please underline the cause to which death should be charged statistically.
	VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which)  Date thereof 28145  (month) (day) (year)	cident, suicide, or homicide
	ere did injury occur?
	(City or town) (County) (State)  ured at home, tarm, Industry, public place (where?)
	ans of injury Injured at work?
18. Funeral director. And Care Comments	ans of milarit
10°	
Address 306 Man St. frealing of	Can P to mil
	SIGNATURE M. D. or other

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2)

# CERTIFICATE OF DEATH

02949 Reg. Dist. No. 9-65

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Somerset						
Crisfield (If entside city or town limits, write RURAL and give nearest town)				State Maryland county Somerset		
How long in above place	Tilfe	time	OLAL and give nearest town)	City or town Crisfield (If entside city or town limits,	it- DIDAF and also no	
How long in above place Hospital, Institution, or	street address where	death occurred	•			
moopriest mornalism of	12 M	ain s	treet	Street No. 12 Main Stre		******************
How long in hospital or				2.(a) if veteran, name war		
3. (a) FULL NAME				The state of the s	3. (b) Social Security	
		227700	Mooley		None	Avamoet
4. Sex	5. Color or race	8.(a)Single	Nealey e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
						1146 0
Female	White		Widowed	20. DATE DE DEATH	19.24	at T. CO P. M
6.(b) Name of husband	or wife Geor	ge Ne	aley	21. I CERTIFY that death occurred on the date above		
				nach 13 192		
7. Sirth date of			r) If alive, give ageyears	and that I last saw he Aalive on	- st 14	19. 44 C
deceased (mo., day, y			, 1874	Immediate canse of death		DURATION
8. AGE: Years	Months	Days	If less than ooe day	Pedermany +	wherealos	0 40 yrs -
72	1	10	hrsmln.		***************************************	
8. Sirthplace Cr 1	sfield-S	omers	et-Maryland	Due to		*20***********************
44 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					*******************************	
		****************		Due to		
11. Industry or business		22.		***************************************		
冒 12. Name				Dither conditions		
13. Birthplace	Crisfiel	d, Ma	ryland	(Include pregnancy within 8 m		
14 Maiden name	Melissa	Ward	***************************************			
	Crisfiel			Major findings of operations		
					Date of op	· · · · · · · · · · · · · · · · · · ·
16. Informant	Mrs. Ber	nice	Reed	Autopsy results		
Address	Crisfiel	d Me	rwland	PHYSICIAN: Please noderline the cause to whi	ich death shoold be charged	statistically.
	Burtel		Mar. 17 1946	22. VIOLENCE: If death was due to external caus	ses, fill in the following:	
Burial Bate thereof Mar. 17, 1946 (Burial, cremation, or removal, Which?)				Accident, suicide, or homicide	Dale of	
0	Crisfiel	d. Cem	etery	Where did injury occur?(City or town)		
			ryland	Injured al home, farm, industry, public place (wh	iere?)Injured at work?	
18. Fuoeral director H. Harvey Bradshaw				Means of Injury	injured at work?	
Address Crisfield, Maryland				C . D. 1	n. A	
193/16/46 19 6 E Calon MAS				23. SIGNATURE S. Ma. Pay	M. D.	or other
19. (Date ree'd by registrar) Registrar				Address Circled	Date signed.	mar 16/745
(Date for a by registrar)				- Aller Colonia Coloni	Date Signed.	

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### MARYLAND STATE DEPARTMENT OF HEALTH

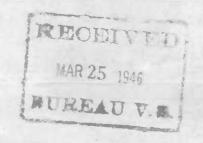
2411 N. Charles St., Baltimore /34)

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### CERTIFICATE OF DEATH

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2000	Reg.				9		-
-	-	-		-	$\times$	n	(/
	Reg.	Dist.	No		. 2		

		_
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County A MOUDO O MAN YMAN DO DO	State 2nd County Someret	
City or town	City or town Provess are and	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
	Street No	• •
How long in hospital or institution?	2.(a) tf veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Warren Koe Jusey		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or proceed	MEDICAL CERTIFICATION	2
male white morried	20. DATE DE DEATH. 2006, 21 10 10 10 10 10 10 10 10 10 10 10 10 10	N
6.(b) Name of husband or wife munic Purally	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) July 8, 1879	and that I tast saw helive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death	
67 8hrsmln.	Tubrellosis Viley	*****
9. Birthplace East Prices and Someret mo	Due to	
(Town, county, and state)		*****
1D. Usual occupation.	Due to	
11. Industry or business		*****
12. Name. Somerset Co.	Dither conditions	*****
	(Include pregnancy within 3 months of death)	
14. Maiden name Emily Parsons.  15. Birthplace Parsons Wilcomiso	Major findings of operations	
E 15. Birthpiace farspriburg Wiconico	Date of op.	•••••
18. Informant Mass. Missingle Justin	Autopsy results	
Address Princess are M.	22. VIOLENCE: It death was due to external causes, till in the following;	
(Burial, cremation, or removal, Which?)  Date thereof. (montb) (day) (year)	Accident, suicide, or homicide	
Genetery or crematory. Essected Country	Where did injury occur?	
Pinela dana and	(City or town) (Connty) (State)	
Control Face Control	Means of Injury Injured at work?	
18. Funeral director. Charcelon Tolkahulus	001:-1	+
Address Truspelso anne god	33 SIGNATURE I Mulch	•
(Date rec'd by registrar) 19 10 But to has M. Registrar	M. D. or other	51
(Date rec d by registrar)	Address Date signed	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 572

### CERTIFICATE OF DEATH

()2951 Reg. Dist. No. 265

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Domanact				
City or town	State N. C. County Somersal			
How long in above place of death?	City or town. (If outside city of town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. R. 3 Wo			
V	Street No. (If rural, give LOCATION)			
How long In hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME				
~ 1	3. (b) Social Security Number			
or ary agnes Kiggue				
4. Sex 5. Color of race () 6.(a) Single, married, widowed, or division	MEDICAL CERTIFICATION			
Jemale White Marrie D	20. DATE OF DEATH Masch 13 19 Hb, at 530 M			
VI. D. Brasi	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from			
6.(6) Name of husband or wife	marel 7 19 4 10 Mars 13 18 46			
7. Birth date of	and that I last saw h			
deceased (mo., day, yr.) Come 8 1893				
8. AGE: Years   Months   Days   It less than one day	. 1-			
52 11 5				
an a. 1 0	Bue to lenign in maliquante Cut Ry			
9. Birthplace	Bue to terrigal are maliquents CWS.			
10. Usual occupation	Due to.			
11. Industry or business CIT James				
# 12. Hame It every C. Tracker	Dther conditions			
12. Hame Ldewry C. Tracker				
14. Maiden name Mary R. Jawas	(Includa pregnancy within 3 months of death)			
	Major fiadings of operations.			
2 15. Birthplace Somernet los Md	Oate of op.			
16. Interment Mercley Rigary	Autopsy results			
Address long as a find	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
31,7/1/	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burlal, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Lana as 3	Where did injury occur?			
	Injured at home, farm, Industry, public place (where?)			
Location loss lead of a				
18. Funeral director Manage M. Idadeaic	Means of Injury Injured at work?			
Address 306 Main St longlings	a. P. ten mil			
3/16/46 P & P ODO DO DO	23. SIGNATURE M. D. or other			
19. / S 19 0 6 0 C Registrar Registrar	Address Cari Long Not signed hand 10 77			

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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1	Reg.	Diat.	No		ے	6		-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
county Survey	(For newborn Priants give residence of mother)			
City or town	Stafe County			
How long in above place of death? All has life	City or town			
Hospital, Institution, or street address where death occurred:				
	(If rural, give LOCATION)			
How long to hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Venny Ornaris While	5. (0) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
me.	20. DATE OF DEATH MASCL 7 5h 19. 46, 81 440 PM			
Aurio Whate	21. I CERTIFY that death occurred on the dale above stated; that lattended deceased from			
6.(b) Name of husband or wife Course	-if W. 19th 18 10 March 7 1946			
7. Birth date of	and that I last saw h. Kalive on March 2 1846			
deceased (mo., day, yr.) Out 15th 1860	Immediate cause of death A C DURATION			
8. AGE: Years   Months   Days   If less than one day	vernary reconformi Judh.			
8/ 10 20hrs	0			
9. Birthplace ) recent G - Kregal	me de la claria Slaves			
(Town county, and state)				
10. Usual occupation	Due to			
11. Industry or business , armin	1 2 - 5			
12. Name Danny of rugais while	Other conditions home 5 working sie years			
12. Name Densy & surjois white	74			
# 2 masi Miles	(Include pregnancy within 3 months of death)			
14. Maiden name	Major findings of operations.			
2 15. Birthplace Pagarafferely Md Coural	Date of op.			
16. Informant Styles O Washin Heavisle	Antopsy results.			
Address Balishun, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17 Baral Date thereof Wary 10-196	22. VIOLENCE: If death was due to external causes, fill in the following;			
17   Date thereof	Accident, sulcide, or homicide			
Cometery or cremetery Curtes Chafel ecudery	Where did injury occur?			
Location Westons Wod of Regal	Injured at home, farm, Industry, public place (where?)			
1174	Means of tnjury Injured af work?			
13. Funeral director	n			
Address Journal uly Md	2x signifient - ariones			
mmay 12 46 Mas Struton 10.	M. D. or other			
(Date rec'd by registrar)	Address Date signed /46			

TREE OF TREE DESCRIPTIONS OF THE PERSON.

MAP14 1946
BUREAU V.E.